Community 2014-2015 Insurance Information Form & Vaccine Administration Record

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Information about the person to receive vaccine (please print): *Required Fields

Name: (Last, First, MI)*	Date of birth: * _____ _____ _____ Month Day Year	Age*	Sex: (Circle)* Male Female
Street Address:*			
City:*	State: *	Zip:*	Phone:* ( )

Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Name of Insurance Company:	Member ID Number:	Group ID Number: (if available)

If person getting vaccinated is not the subscriber, please complete the following:

Subscriber's Name: (Last, First, MI)	Subscriber's Date of Birth: _____ _____ _____ Month Day Year	Sex: (Circle) Male Female
Subscriber's Street Address: (If different from address above)		
City:	State:	Zip:	Phone: ( )
Patient Relationship to Subscriber: (Circle) Spouse Child Other			

For children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible:
- ☐ Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)
- ☐ Does not have health insurance
- ☐ Is American Indian (Native American) or Alaska Native

Is not VFC-eligible:
- ☐ Has health insurance and is not American Indian (Native American) or Alaska Native

I give permission for my insurance company to be billed.

X _____ _____   Date: _____

(Signature of patient, parent or legal guardian)

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For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service	Vax Type	Vaccine Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route (Circle)	Injection Site (Circle)	Date On VIS	Date VIS Given
	IIV4				0.5	Yes No	Yes No	IM	R Arm L Arm	8/19/14	
	LAIV4	Med-Immune			0.2	Yes No	Yes	Intranasal	NA	8/19/14	

Provider Name: <u>Newton Health and Human Services Department</u>   MDPH Provider PIN#: <u>11223</u>
Provider Address: <u>1000 Commonwealth Ave. Newton, MA 02459</u>